

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031671

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4436 STATE FILE NUMBER

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 24 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 533 EAST 44th ST. NO.		d. STREET ADDRESS (If outside, give location) 533 EAST 44th ST. NO.	

3. NAME OF DECEASED (Type or print) GERTRUDE MARY BRADDICK			4. DATE OF DEATH Month Aug. Day 8- Year 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1900	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE -			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		
11a. FATHER'S NAME JAMES T. GLANCY			11b. MOTHER'S MAIDEN NAME MARY UNKNOWN		
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO -			12b. SOCIAL SECURITY NO. LEATHA SIBBITT-420 EAST 45th ST.		
13a. NAME OF HUSBAND OR WIFE William A. BRADDICK-			13b. ADDRESS KAN. CITY, MO		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Ventricular Failure		INTERVAL BETWEEN ONSET AND DEATH 2 min
DUE TO (b) Acute Coronary Occlusion		5 min
DUE TO (c) Arteriosclerotic heart disease		10 y
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Premature myocardial infarction		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/1957 to 8-8-63 and last saw her alive on 8-8-63 Death occurred at 3/1957 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]	(Degree or title) [Signature]	22b. ADDRESS 2025 SWIFT N. K. C.; MO.	22c. DATE SIGNED 8-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 10-1963	23c. NAME OF CEMETERY OR CREMATOR OAKLAND Cem.	23d. LOCATION (City, town, or county) (State) MOBERLY, MO.
24. FUNERAL DIRECTOR D.W. Newcomer's Sons - KAN. CITY, MO.	ADDRESS NORTH -	25. DATE RECD. BY LOCAL REG. 8-9-63	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DANIEL C. BOONE

VS 300
Rev. 4/59
1 6008
2 6068
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4 1
5 2
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7 0
8 0
9 4200
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12 90-0
13

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student-Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Prestor

Licensed Embalmer No. 5040

P. O. Address No. Han. City, Ohio

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.